

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
GREGORY A. MILTON

COURT CASE NUMBER  
1:13-CV-2673 YK

DEFENDANT

TYPE OF PROCESS

UNITED STATES DEPARTMENT OF JUSTICE BUREAU OF PRISONS ET AL

COMPLAINT

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MR. NORWOOD, DIRECTOR OF BOP (NORTHEAST REGIONAL OFFICE)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

US CUSTOM HOUSE, CHESTNUT STREET AND 2ND STREET, 7TH FLOOR, PHILADELPHIA, PA 19106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

1

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

SPEC  
All T

1. Article Addressed to:

Mr. Norwood,  
NERO-BOP

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J.B.

☐ Agent

☐ Addressee

B. Received by (Printed Name)

J. Brown

C. Date of Delivery

9/10/14

Alternate Addresses

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

Fold

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DATE

9/10/14

SP

2. Article Number

(Transfer from service label)

7009 0820 0001 9428 8181

I ackn  
numb

PS Form 3811, February 2004

Domestic Return Receipt

B-2673

102595-02-M-1540

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
GREGORY A. MILTON

COURT CASE NUMBER  
1:13-CV-2673 YK

DEFENDANT  
UNITED STATES DEPARTMENT OF JUSTICE, BUREAU OF PRISONS

TYPE OF PROCESS  
COMPLAINT

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFISCATE  
CARL M. MIEDICH, USP FLORENCE  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
5880 STATE HIGHWAY 67S, FLORENCE, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

1

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carl Miedich  
USP Florence  
Florence, CO

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

☐ Agent  
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DATE

9/10/14

**SHOW THIS LINE**

Date

2. Article Number

(Transfer from service label)

7009 0820 0001 9428 8198

PS Form 3811, February 2004

Domestic Return Receipt

13-2673

102595-02-M-1540

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

**\$0.00**

REMARKS:



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF GREGORY A. MILTON	COURT CASE NUMBER 1:13-CV-2673 YK
DEFENDANT UNITED STATES DEPARTMENT OF JUSTICE, BUREAU OF PRISONS	TYPE OF PROCESS COMPLAINT

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
C. DURAN-POLAND, USP FLORENCE  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
5880 STATE HIGHWAY 67S, FLORENCE, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285	1
---	---

<b>SENDER: COMPLETE THIS SECTION</b> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received By (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: C. Duran-Poland USP Florence Florence, CO		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 13-2673 102595-02-M-1540		DATE 9/10/14 SIGNATURE OF U.S. MARSHAL OR DEPUTY	

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

c/m - deliv 9-19-14 GA

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED